

# PRESCRIPTION CONNECTION INTAKE FORM

**1-888-575-6611 – Mail to: 600 E. Boulevard Ave-Dept. 401, Bismarck, ND 58505-0320**

**2. Do you use the internet on a computer?** [www.rxconnectnd.org](http://www.rxconnectnd.org)  
[www.rxassist.org](http://www.rxassist.org)

Yes \_\_\_\_\_

No

## 1. Date

#### 4. Household Size

## 5. AGE

### 3. Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (       ) \_\_\_\_\_

6. Are you a US citizen?

or

Are you a legal resident?

7. Total Gross Yearly Income.

\$

8. Are you pregnant?

Yes \_\_\_\_\_

No

9. Are you currently receiving any free medications? Yes\_\_\_ No\_\_\_

Source \_\_\_\_\_

Name of free meds. \_\_\_\_\_

Comments:

10. Do you have any of the following?

☐ Medicare☐ Medicaid

☐ Veteran's Insurance

☐ I don't know☐ Prescription Insurance☐ No Prescription.  
Insurance

## MEDICATION INFORMATION

## 11. Name of Medication

**Generics are not available**

## Patient

Mr/Mrs

**Name of Manufacturer**

**Toll Free #**[illegible]